



BUSINESS LICENSE APPLICATION

OUT OF TOWN BUSINESS

Community Development Department
 220 E. Mountain View St., Suite A • Barstow, CA 92311
 Phone: (760) 255-5161

BUSINESS INFORMATION

| | | | |
|--|--|--|---------------------------------|
| BUSINESS NAME | | TYPE OF OWNERSHIP | |
| ADDITIONAL BUSINESS NAMES (DOING BUSINESS AS (DBA)) | | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Co. (LLC) <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Sole Proprietorship (ID#* _____) <small>* Social Security, California Driver's License, California ID, Individual Taxpayer ID, or Municipal ID Number</small> <input type="checkbox"/> Non-Profit Organization (Provide Copy of IRS Exemption) | |
| | | BUSINESS ADDRESS | |
| CITY | | SUITE | BUSINESS PHONE NUMBER () |
| STATE | | ZIP CODE | BUSINESS FAX NUMBER () |
| ADDRESS FOR SERVICE OF PROCESS <input type="checkbox"/> Same As Business Address | | SUITE | E-MAIL ADDRESS |
| CITY | | STATE | BUSINESS' WEB ADDRESS |
| ZIP | | | |
| FEDERAL EMPLOYER ID (FEIN) (Example: XX-XXXXXX) | STATE EMPLOYER ID (EDD #) (Example: XXX-XXXX-X) | STATE SALES TAX NO. (A.K.A. RESALE NO.) | |
| <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A | |

OWNER INFORMATION

**LIST RESIDENCE ADDRESS, PHONE, TITLE AND DRIVER'S LICENSE NUMBER OF OWNER, PRESIDENT, PARTNER, CEO, CFO, ETC.
 IF NECESSARY, PLEASE ATTACH A LIST OF ADDITIONAL OWNERS.**

| | | | |
|----------------------------|------------------------------|---------------------------------------|-------|
| LAST NAME | | FIRST NAME | TITLE |
| SERVICE OF PROCESS ADDRESS | | CITY | STATE |
| | | ZIP | |
| PHONE NUMBER () | DRIVER'S LICENSE / ID NUMBER | STATE OF DRIVER LICENSE / ID ISSUANCE | |

STATE LICENSED BUSINESSES & DESCRIPTION OF BUSINESS

| | | | |
|--------------------|----------------------|----------------------------------|-----------------|
| | | | |
| STATE LICENSE TYPE | STATE LICENSE NUMBER | CLASSIFICATION NO(S). (If Appl.) | EXPIRATION DATE |

WORKERS' COMPENSATION ACKNOWLEDGEMENT

I UNDERSTAND THAT UNDER CALIFORNIA LAW, I AM REQUIRED TO CARRY WORKERS' COMPENSATION INSURANCE FOR MY EMPLOYEES AT ALL TIMES.

I HAVE AND WILL MAINTAIN THE NECESSARY WORKER'S COMPENSATION INSURANCE AS REQUIRED BY THE STATE OF CALIFORNIA. PLEASE LIST # OF EMPLOYEES: _____

I HAVE NO EMPLOYEES AT THIS TIME, BUT UNDERSTAND THAT IF I EMPLOY ANY PERSON(S) I MUST IMMEDIATELY OBTAIN THE NECESSARY WORKERS' COMPENSATION COVERAGE REQUIRED BY CALIFORNIA LAW.

STORMWATER DISCHARGE COMPLIANCE (SENATE BILL 205)

Effective January 1, 2020, The State of California requires that prior to issuance and/or renewal of a business license, applicants provide specified information, under penalty of perjury, including, among other things, the Standard Industrial Classification (SIC) Code for cities/counties to determine whether business activity(ies) fall into one of the regulated categories of the Industrial Stormwater General Permit required by the State Water Resources Control Board and whether a Water Discharge Identification (WDID) Number is required.

The City of Barstow CANNOT issue a business license without the SIC Code. To find out your SIC Code, visit <http://naics.com>.

| | | |
|-----------|-------------|---|
| SIC CODE: | NAICS CODE: | WDID # (If applicable): <input type="checkbox"/> N/A |
|-----------|-------------|---|

DISABILITY ACCESS

UNDER FEDERAL AND STATE LAW, COMPLIANCE WITH DISABILITY ACCESS LAWS IS A SERIOUS AND SIGNIFICANT RESPONSIBILITY THAT APPLIES TO ALL CALIFORNIA BUILDING OWNERS AND TENANTS WITH BUILDINGS OPEN TO THE PUBLIC. YOU MAY OBTAIN INFORMATION ABOUT YOUR LEGAL OBLIGATIONS AND HOW TO COMPLY WITH DISABILITY ACCESS LAWS AT THE FOLLOWING AGENCIES:

- DIVISION OF THE STATE ARCHITECT: www.dgs.ca.gov/dsa/Home.aspx
- DEPARTMENT OF REHABILITATION: www.rehab.cahwnet.gov/
- CALIFORNIA COMMISSION ON DISABILITY ACCESS: www.cdda.ca.gov/

APPLICATION SUBMITTAL REQUIREMENTS AND ACKNOWLEDGEMENT

THE FOLLOWING DOCUMENT(S) SHALL BE SUBMITTED TO THE CITY OF BARSTOW AS PART OF THE BUSINESS LICENSE APPLICATION SUBMITTAL:

- COMPLETED AND SIGNED CITY OF BARSTOW BUSINESS LICENSE APPLICATION
- PAYMENT OF FEES
- COPY OF A VALID GOVERNMENT ISSUE IDENTIFICATION OF THE BUSINESS OWNER, OFFICER OR AUTHORIZED AGENT MAKING APPLICATION FOR A CITY OF BARSTOW BUSINESS LICENSE
- COPY OF STATE AGENCY ISSUED LICENSE
- IF AN AGENT COMPLETES THIS APPLICATION, A LETTER OF AUTHORIZATION IS REQUIRED. *PLEASE NOTE:* A COPY OF A GOVERNMENT-ISSUED IDENTIFICATION OF THE PERSON WHO IS GRANTING THE AUTHORIZATION (BUSINESS OWNER OR OFFICER) MUST ACCOMPANY THE AUTHORIZATION FORM.

SUBMITTAL OF A BUSINESS LICENSE APPLICATION AND PAYMENT OF FEE(S) DOES NOT CONSTITUTE AN APPROVAL OF A LICENSE TO OPERATE A BUSINESS. **NO BUSINESS SHALL OPERATE UNTIL THE BUSINESS LICENSE HAS BEEN APPROVED AND ISSUED BY THE CITY OF BARSTOW. BY SIGNING BELOW, I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:**

| | | |
|---------------|--------------|------|
| SIGNATURE | PRINTED NAME | DATE |
| BUSINESS NAME | | |

COMPUTATION OF FEES

| | |
|--|-----------------|
| A. ANNUAL FEE (As per Title 5 of the Barstow Municipal Code). Please contact (760) 255-5161 for fee. | \$ _____ |
| B. DISABILITY ACCESS • On September 19, 2012, Governor Brown signed into law Senate Bill 1186, which adds a state fee of \$4.00 on any applicant for a local business license or renewal effective January 1, 2018. This fee will be required from all new business licenses or renewals. The purpose of the fee is to provide a funding source for increased disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with the federal and state disability laws. | \$ <u>4.00</u> |
| C. BUSINESS LICENSE PROCESSING (\$40) AND TECHNOLOGY (\$5) FEES | _____ |
| D. TOTAL FEE (ADD LINES A+B+C = TOTAL FEE) | \$ <u>55.00</u> |

\$ _____

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